Combined Declaration For Patent Application and Power of Attorney  ATTORNEY DOC 86326WFN							OCKET		
As below named inventor, I hereby declare that:  My residence, post office address and citizenship are as stated below next to my name,  I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
METHOD OF SEGMENTING A RADIOGRAPHIC IMAGE INTO DIAGNOSTICALLY RELEVANT AND DIAGNOSTICALLY IRRELEVANT REGIONS									
The specification of which (check	only one item be	low):							
is attached hereto.									
was filed as United States Application Serial No. on and									
was amended on (if app	olicable).								
was filed as PCT interna	tional application	Number on a	nd was	amended on (if applical	ole).			-	
I hereby state that I have reviewed referred to above.	d and understand	the contents of the	e above	identified specification, inc	cluding the c	laims, as	amended by	any am	endment
I acknowledge the duty to disclos	se to the U.S. Pate	nt & Trademark	Office a	ll information known to m	e to be mate	rial to pa	ntentability a	s defined	l in Title
37, Code of Federal Regulations, I hereby claim foreign priority be	•	35 United State	s Code	\$119 (a)-*d) or 365 (b) of	any foreign	annlicat	ion(s) for na	tent or it	ventor's
certificate, or (365 (a) of any PC1									
and have also identified below as		· · · · ·						-	_
one country other than the United priority is claimed:	States of Americ	a filed by me on	ine sam	e subject matter having a h	ling date ber	ore inat	or the applic	ation(s)	or which
PRIOR FOREIGN/PCT APPLI	CATION(S) AND	ANY PRIORIT	TY CLA	IMS UNDER 35 U.S.C. 1	119:				
COUNTRY (If PCT, indicate PCT)	AF	PLICATION NUMBER		DATE OF FIUNG (month/dayyear)			PRIORITY CLAIMED I	INDER 35 USC	§119 NO
							YES		NO NO
<del> </del>							YES		NO
							L		L
I hereby claim the benefit under T	itle 35, United Sta	ates Code, 119 §	(e) of an	y United States provisional	application(	s) listed	below:		
PRIOR PROVISIONAL APPLI	CATION(S) ANI	ANY PRIORIT	TY CLA	IMS UNDER 35 U.S.C.	§119 (e):	-			
PROVISIONAL AF	PPLICATION NUMBER		<del>T</del> =		FILING DATE (mo	nth/day/year)			
			ـــــــ				<del></del>		
I hereby claim the benefit under Title 35, United States Code, §120 of any prior United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior applications(s) in the manner provided by the first paragraph of Title 35, §112, I acknowledge the duty to disclose to the U.S. Patent & Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56, which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:									
PRIOR US APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S FOR BENEFIT UNDER 35USC§120:									
	U.S. APPL	CATIONS				STA	ATUS (Check o	ne)	
U.S. APPLICATION NUM	U.S. FILING DATE		PATENTE	ĒD	PENDING	ABA	NDONED		
					}	1		1	
PCT APPLICATIONS DESIGNATING THE U.S.									
PCT APPLICATION NO. PCT FILI				J.S. SERIAL NUMBERS ASSIGNED (if any)					
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Combined D clarati n For Patent Application and Power of Att rney (Continued)	ATTORNEY DOCKET 86326WFN
POWER OF ATTORNEY: As a named inventor. I hereby appoint the attorney	(s) and/or

POWER OF ATTORNEY: As a named inventor, I hereby appoint the attorney(s) and/or agent(s) associated with Eastman Kodak Company <u>Customer No. 01333</u> to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

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Send Correspondence to:  Patent Legal Staff  Direct Telephone Calls to: (name and telephone number)				
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Rochester, NY 14650-2201			585-477-5272 FAX: 585-477-4646	
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2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
٥	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
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2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
5	BUSINESS ADDRESS	BUSINESS ADDRESS	CITY	STATE & ZIP CODE (COUNTRY)
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
٥	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
6	BUSINESS ADDRESS	BUSINESS ADDRESS	CITY	STATE & ZIP CODE (COUNTRY)
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
DATE	DATE	DATE
07/24/2003	7/24/2003	
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206
DATE	DATE	DATE